STATE OF WISCONSIN, CIRCUIT COURT, COUNTY					For Official Use
IN THE MATTER OF THE PROTECTIVE PLACEMENT OF				Annual Report of Guardian ad Litem (Annual Review)	
		Name of Ward		,	
			C	ase No	
<ul> <li>I have been appointed guardian ad litem for the above ward and have consented to act. I have personally met with the ward, provided written notice to the ward, and have explained to the ward and guardian, that the ward has the right to: <ul> <li>Be represented by an appointed attorney.</li> <li>Request an independent evaluation.</li> <li>Request a full due process hearing on the need for continued protective placement or on the appropriateness of the present placement facility.</li> </ul> </li> <li>Based on the interviews and reports on file, I make the following report:   Supplements attached.</li> </ul>					
1.	Does the v	ward continue to	meet the standards for protecting lf "no," please explain:	ve placement?	
2.	Does the v	ward object to the	e finding of continuing incompet If "yes," please explain:	ency?	
3.	Is the curr	ent placement the	e least restrictive environment of lf "no," please explain:	consistent with ward's needs?	
4.	Does the v	ward or guardian ☐ Yes	request a change in status or p If "yes," please explain:	placement?	
5.	Do you, th ☐ No	e ward, or the gu	ardian request an independent If "yes," please explain:	evaluation?	
6.	Do you, th ☐ No	e ward, or guardi ☐ Yes	an request that counsel be app If "yes," please explain:	pointed to represent the ward?	
7.	Does the v	ward or guardian ☐ Yes	request a full due process hear If "yes," please explain:	ring?	
8.	Do you red ☐ No	quest that a full d ☐ Yes	ue process hearing be held? If "yes," please explain:		
			_	Signature of Guardian ad	Litem
			_	Name Printed or Typed	

Date